



**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Health Care Financing Administration**  
**James Randolph Farris, M.D.**  
**Regional Administrator**

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1301 Young Street, Room 714  
Dallas, Texas 75202  
Phone (214) 767-6427  
Fax (214) 767-6400

May 22, 2001

Our Reference: WA-NM0223.90.R1

Mr. Robert T. Maruca, Director  
Medical Assistance Division  
State of New Mexico  
Human Services Department  
Post Office Box 2348  
Santa Fe, New Mexico 87504-2348

Dear Mr. Maruca:

I am pleased to inform you that your request to renew your Medicaid Home and Community-Based Services waiver (HCBSW) No. 0223.90.R1 for medically fragile individuals has been approved. As authorized by Section 1915 (c) of the Social Security Act, this HCBSW program provides an array of home and community-based services as an alternative to institutionalization in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). This renewal has been assigned control number 0223.90.R1 which should be used in all future correspondence.

Specifically, you submitted a request to provide case management, home health aide services, respite care, private duty nursing, in home respite, and extended State plan services (home health care services, physical therapy services, occupational therapy services, speech, hearing and language services, psychological counseling, and nutritional counseling).

Based upon the assurances and information that you provided, I approve the renewal request cited for a 5-year period effective with July 1, 2000. The temporary extensions granted on this waiver are subsumed into the waiver renewal.

The approval is subject to your agreement to serve no more individuals than those indicated in your Factor "C" in your approved per capita expenditures estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the 5 years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	175	\$19,102
2	200	\$21,622
3	225	\$22,298
4	250	\$22,986
5	275	\$23,703

For your convenience, a copy of the approved renewal package is included with correspondence. If you have any questions, please contact Cheryl Rupley of my staff at (214) 767-6278.

Sincerely,

James Randolph Farris, M.D.  
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations